

① Manifest Number **015-001832**

SFUND RECORDS CTR  
999000323

## GENERATOR

**(Generator Must Complete)**

**③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)**

#### ④ Alternate TSD Facility

② Name ALUMINUM CO OF AMERICA OPERATING FWD  
EPA NO. CAD074126681 EPA NO. CAD080012024  
Address 5151 ALCOA AVE Phone No 55861141 Address 900 POTERO GRANDE  
City, State, Zip KERNON 90058 City, State, Zip MONTERV PARK

Name RETURN

EPA NO. 

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Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER _____

<b>6 WASTE CATEGORY</b> <u>#7</u>	<b>7 EX. HAZ. WASTE PERMIT NO.</b> <u>7</u>	<b>8 GENERATING PROCESS</b> <u>FABRICATOR</u>																											
<b>9 LIST COMPONENTS:</b>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">CONC. UPPER</th> <th style="text-align: left;">RANGE LOWER</th> <th style="text-align: left;">UNITS</th> </tr> <tr> <td>A. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>B. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>C. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>D. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> </table>	CONC. UPPER	RANGE LOWER	UNITS	A. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	B. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	C. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	D. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">CONC. UPPER</th> <th style="text-align: left;">RANGE LOWER</th> <th style="text-align: left;">UNITS</th> </tr> <tr> <td>E. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>F. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>G. _____</td> <td>_____</td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> </table> <p>Non Hazardous Material <u>100</u> %</p>	CONC. UPPER	RANGE LOWER	UNITS	E. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
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<b>11 PHYSICAL STATE:</b> <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES, WATER</u>																													
<b>12 SPECIAL HANDLING INSTRUCTIONS:</b> <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____																													

**GENERATOR CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802**

Signature of Authorized Agent and Title

2-13-81  
Date Shipped

## TRANSPORTER

**(HAULER MUST COMPLETE)**

(14) NAME ASBURY OIL CO.  
 EPA NO. CAD028277036  
 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392  
 CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2-13-51  
TIME 9:00 ☐ AM ☒ PM

Signature of Authorized Agent and Title

2-13-61  
Date

**TSD FACILITY**

**(FACILITY OPERATOR MUST COMPLETE)**

(17) NAME OPERATING INC. INC. 18 QUANTITY (If Measured) 100  
EPA NO. CAT080012624 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

**(21) HANDLING OR DISPOSAL METHOD:**

☐ Surface Impoundment      ☒ Landfill  
☐ Injection Well      ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Reuse      ☐ Storage/Transfer

**(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:** \_\_\_\_\_

K001252

**IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY.**

(22) NAME \_\_\_\_\_  
EPA NO. | | | | | | | |

(23)   
Signature of Authorized Agent and Title

2-13-87  
Date Accepted